

One Olde Half Day Road Lincolnshire, IL 60069 Ph: 847.883.9900 | Fax: 847.883.9909

www.lincolnshireil.gov

Office Use Only							
Number:							
District:							
Received:							

VACATION WATCH REQUEST

POLICE DEPARTMENT

Please provide as much information as possible - call or drop-off to the Police Department

HOMEOWNER INFORMATION									
Name: F						Phone Number:	Phone Number:		
Address									
Departu	re Date:					Return Date:			
PREM	ISE INFO	RMATION							
Protecte	ed by Alarr	n: YES		NO		Alarm Company:			
Lights on Timers: YES				NO		Lights on Constantly:	YES	NO 🗌	
Cars on Driveway: YES NO									
Color: Make:					License Plate:				
				License Plate:					
Persons	on Premi	se (cleanin	g, lan	dscap	e, etc.):			
EMED	GENCY /	CONTACT	INE	DM/	ATION		_	_	
LIVILIX	GLNC1/	CONTACT	IIVI) IX IVI A	ATION				
Contact Homeowner: YES NO Phone:									
Keyholder(s): Name:			City:	Phone:					
			City:	Phone:					
					EEI	CE USE ONLY			
D. 4 (F) D.								OFFICER	
DATE	TIME					OMMENTS		OFFICER	